

	Statute/Rule	Topic	Proposal	Source	Date
1.	102.425	Physician Drug Dispensing	<p>1.Require physician dispensing reimbursements to be based on the original manufacturer's NDC number.</p> <p>2. Restrict health care providers from dispensing medications seven (7) days postdate of injury.</p>	Joe Paduda, President, CompPharma	Letter 11/18/14
2.	<p>1. 102.17 (4)</p> <p>2. DWD 80.32</p> <p>3. No Current Statute/Rule</p> <p>4. DWD ch.81</p> <p>5.No Current Statute/Rule</p>	<p>1.Statute of Limitations</p> <p>2. Minimum PPD Ratings</p> <p>3. Medical Fee Schedule</p> <p>4. Treatment Parameters</p> <p>5.Benchmark Medical Reimbursements</p>	<p>1. The current statute of limitations is too long and should be shortened.</p> <p>2. The minimum ratings for PPD have been in effect for at least 20 years and should be revised.</p> <p>3. A medical fee schedule should be established.</p> <p>4. More enforceable treatment parameters should be established.</p> <p>5. Benchmark reimbursement rates for worker's compensation medical treatment with group health rates.</p>	Tom Schneck, Risk Mgr., American Food Group	WCAC Public Hearing 12/11/14
3.	<p>1.102.42</p> <p>2. Ch. 626</p>	<p>1.Direct Medical Care</p> <p>2. WC Insurance Premiums</p>	<p>1.Employers should be able to direct employees to obtain treatment from specific health care providers.</p> <p>2. Premium rates for worker's compensation insurance should be reviewed because they have gone up over time and are high.</p>	Troy Brown, Kretz Lumber Company	WCAC Public Hearing 12/11/14

4.	102.44	Supplemental Benefits	The supplemental benefit rate should be regularly increased on a six (6) year lag based on a previous proposal to increase supplemental benefit rates.	Patricia Grillot	WCAC Public Hearing 12/11/14
5.	102.17	Scheduling Hearings	It should not take as much time to have hearings with administrative law judges (ALJs) in worker's compensation cases.	Steve Gard	WCAC Public Hearing 12/11/14
6.	102.42	Medical Cost	There should be a fair pricing structure for medical expense in worker's compensation cases.	Scott A. Mayer, President & CEO, QPS Employment Group	WCAC Public Hearing 12/11/14
7.	No current Statute/Rule	Prevention of Injuries	There should be more focus on prevention of work-related injuries and help for employers with safety training.	Lynn Steffes, Wisconsin Physical Therapy Association	WCAC Public Hearing 12/11/14
8.	1. 102.17 (4) 2.102.52 & DWD 80.32	1. Statute of Limitations 2. PPD Ratings	1. The 12 year statute of limitations is too long and should be shortened. 2. The current PPD ratings need to be revised to conform with modern medicine.	Mike Tomsyck, Kolbe & Kolbe Millwork Co. Inc.	WCAC Public Hearing 12/11/14

9.	<p>1. No Current Statute/Rule</p> <p>2.102.16 (2m) (g) & DWD Ch. 81</p> <p>3. 102.17 (4)</p> <p>4.DWD 80.32</p> <p>5. 102.44</p> <p>6.102.425</p> <p>7. 102.13 (2)(c)</p> <p>8. 102.13 (2)(c)</p> <p>9. No Current Statute/Rule</p> <p>10.102.03 (1) (c) 3</p> <p>11.102.47 (1)</p> <p>12. 102.58</p>	<p>1. Benchmark Medical Reimbursements</p> <p>2. Treatment Parameters</p> <p>3. Statute of Limitations</p> <p>4. Minimum Permanent Partial Disability (PPD) Ratings</p> <p>5. Permanent Total Disability</p> <p>6. Physician Drug Dispensing</p> <p>7. Final Medical Report</p> <p>8. Final Medical Report</p> <p>9. Certification of Readiness</p> <p>10. Employee Well Being Program</p> <p>11. Death Benefits</p> <p>12. Decreased Compensation</p>	<p>1. Establish a system to benchmark medical reimbursement rates to group health rates to bring medical costs in line with other Midwest states.</p> <p>2. Create enforceable treatment parameters to work along with reimbursement rates.</p> <p>3. Reduce the statute of limitations from 12 years to 3 years.</p> <p>4. Eliminate the minimum PPD ratings from the Wisconsin Administrative Code due to improvements in medical technology and outcomes. There should not be payment for permanent disability if there is no medically measurable permanent impairment.</p> <p>5. Cap compensation for permanent total disability (PTD) benefits at full social security retirement age.</p> <p>6. Eliminate or control a physician's ability to dispense pre-packaged medications.</p> <p>7. Establish limits on the amount providers can charge for final medical reports.</p> <p>8. Require final medical reports after 8 weeks of disability instead of 3 weeks.</p> <p>9. Eliminate the Certification of Readiness (COR) process.</p> <p>10. Eliminate the ability for an exempt salaried employee to file a worker's compensation claim for an injury that occurred while voluntarily using a company fitness center.</p> <p>11. End the automatic payment of death benefits in permanent total disability claims where the cause of death is unrelated to the injury.</p> <p>12. Allow a reduction of indemnity benefits up to 50% when the employee violates any federal or state law at time of injury.</p>	Jonathan Van Eyck, Wisconsin Employers for Equitable Worker's Compensation	WCAC Public Hearing 12/11/14
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10.	<p>1.No Current Statute/Rule</p> <p>2. 102.12</p> <p>3. No Current Statute/Rule</p> <p>4. No Current Statute/Rule</p> <p>5.Ch. 626</p> <p>6. No Current Statute/Rule</p> <p>7. 102.16 (2)</p> <p>8. 102.16 (2)</p> <p>9. No Current Statute/Rule</p> <p>10. No Current Statute/ Rule</p>	<p>1. Timely Medical Payments</p> <p>2. Time Limit to Make WC Claim</p> <p>3. Acceptance of Claim</p> <p>4. Workplace Safety</p> <p>5. Experience Rating</p> <p>6.Administrative Fees & Profit</p> <p>7. Database Audit</p> <p>8. Certified Database</p> <p>9.DoctorTraining /Certification</p> <p>10. Workplace Safety</p>	<p>1.Timely payments to providers should be made in all clean claims and include worker's compensation to the current 30 day payment statute in s. 628.46, Stats.</p> <p>2. Shorten the window of time for an injured employee to make a worker's compensation claim (currently 30 days for acute injuries and 2 years for repetitive injuries).</p> <p>3. Require insurance companies to determine work-related liability within 30 days.</p> <p>4. Best safety practices on the part of businesses/employers.</p> <p>5. Financial penalties/increased insurance rates for employers with outlier frequency of worker's compensation cases.</p> <p>6. Cap or limit administrative fees and profit charged by worker's compensation insurers.</p> <p>7. Perform audit of certified databases.</p> <p>8. Allow only one certified database.</p> <p>9. Require training/certification for doctors who assess permanent partial disability.</p> <p>10. Prevent Injuries.</p>	Dr. Jeffrey M. Wilder, Wisconsin Chiropractic Association	WCAC Public Hearing 12/11/14
11.	<p>1.102.42</p> <p>2.No Current Statute/Rule</p>	<p>1.Medical Expense</p> <p>2.Efficiency</p>	<p>1. Need to address high costs for health care services.</p> <p>2. The process should run more smoothly with less paper work.</p>	Pete Aisbet, Integrated Risk Solutions	WCAC Public Hearing 12/11/14

12.	Ch. 102 and DWD 80 & 81		Wisconsin's worker's compensation system has it right with best outcomes, no access to care problems and faster return to work. No law changes are needed.	Kimberly Rowland, One Call Care Management	WCAC Public Hearing 12/11/14
13.	1. No current statute or rule 2. No current statute or rule	1. Timely Medical Payments 2. Stakeholder cooperation	1. Payments to health care providers should be made faster. 2. Cooperation between stakeholders should be encouraged. Additional proposals may be submitted in the future.	Victoria Strobel, Marshfield Clinic	WCAC Public Hearing 12/11/14
14.	102.17 (4)	Statute of Limitations	If the statute of limitations is reduced from 12 years, it should be set at six (6) years for work-related hearing loss claims.	Joseph M. Hulwi, BC-HIS, Quality Hearing Advisors Eau Claire	e-mail message 1/7/15
15.	102.425 (3) (a) 1	Pharmacy Fee Schedule	Amend the language in s. 102.425 (3) (a) 1, Stats., to not name the Drug Topics Red Book, published by Medical Economics Company, Inc., or its successor, as the source or reference for determining the average wholesale price (AWP) for the pharmacy fee schedule and allow the AWP to be determined by a nationally recognized pricing resource.	Kay Morgan, VP Drug Product & Industry Standards, Elsevier Gold Standard	Letter 1/9/15
16.	102.425	Pharmacy Fee Schedule	1. Set reimbursement for physician dispensed medications at a maximum of 112.5% of the original manufacturer's average wholesale price (AWP). 2. Do not require physicians to be subject to strict day limitations on the amount of medications that can be dispensed.	Jennifer Maurer, Director of Government Affairs, Automated HealthCare Solutions	Letter 1/12/15